

Selective Mutism in the Language Classroom

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First and foremost, Selective Mutism is an anxiety disorder and, therefore, not a willful act of defiance. Selective Mutism (SM) has become more recognized over the last few decades. Selective Mutism refers to adults and children that are unable to communicate verbally in select situations. Selective Mutism is involuntary and those suffering from this disorder are not willfully defying the teacher or caregivers when they do not speak in class. (Shipon-Blum, 2018)

The purpose of this research is to present second language educators with information and suggestions that will help educators work with students with Selective Mutism. The topics covered include levels of severity with Selective Mutism and how the disorder might vary from student to student, methods of treatment from an educator's perspective, tools, and methods educators can utilize to work with students who suffer from this anxiety disorder.

With patience and determination, an educator can create a positive learning environment for students with SM. Moreover, a teacher willing to make additional efforts can assist with treatment.

It is important for a language teacher to know how to identify a student with Situational Mutism. Shyness, defiance, and silence are not indicative of SM students. In fact silent students are not uncommon, especially for those learning a second language. In a full immersion situation, (it is normal for) children and students (to) experience a "silent period." (Toppelberg, Tabors, & Burger, 2005) Generally, students won't speak until they feel more comfortable with their first (L1) or a second language (L2.) A student with learning delays falls silent out of fear of being teased by their peers. However, students who are continually silent for months are those who suffer from anxiety because of Selective Mutism.

"Selective Mutism is a complex childhood anxiety disorder characterized by a child's inability to speak and communicate effectively in select social settings, such as school. These children are able to speak and communicate in settings where they are comfortable, secure, and relaxed." (Shipon-Blum, 2018)

Students with SM can be identified by the following behaviors: they have a blank facial expression, refuse to make eye contact, or remove themselves from the group while partaking in self-soothing behaviors such as playing with their hair or twiddling their thumbs. Some students emotionally shut down in the classroom. Because children with SM isolate or self-soothe, they are wrongly diagnosed with Asperger's syndrome. However, SM is not an indication of autism or a learning disability.

Levels of severity of SM differ greatly; one child may be able to communicate and

function normally in most situations, while being unable to communicate in a specific situation. Others are able to participate in verbal conversations with close family or a parent, and no one else. Some SM students are able to communicate nonverbally in class, while others show no facial or physical responses when talked to.

Blank or frozen expressions are common with SM for example, a student might grin continuously regardless of their inner emotional state. In extreme cases, a student with SM may be unable to physically move. These responses are brought about by situations and stimuli referred to as triggers. Discovering what an SM's triggers is one of the biggest challenges a teacher ... faces. (Perednik, 2016. 175)

SM is often diagnosed between the ages of 4–6 years. However, young children are often shy in new situations. It is common for preschool children to refuse to speak when first introduced to a new school environment. Typically, this silent period lasts an average of 3 to 6 months. However, a child with SM will continue their silence well beyond six months.

SM is not easy to assess; teachers who suspect their student is selectively mute need to consult a parent or guardian before voicing concerns to a healthcare professional. Studies indicate that SM tends to coincide with other disorders. It's important that a child who shows symptoms of SM or other delays be evaluated by a specialist:

“Selective mutism is associated with a number of comorbid disorders that complicate the child's clinical presentation. As suggested by the comprehensive clinical assessment, these comorbid disorders include psychiatric or language/speech development disorders. Indeed, the literature suggests that many children with selective mutism have premorbid speech and language problems (38%)” (Wong, 2010)

Developmental delays tend to add to a SM child's anxiety, and thus perpetuate SM symptoms. Auditory processing issues, such as difficulty speaking while trying to process additional sounds promote the development of Selective Mutism. (Perednik, 2016. 369)

Sensory integration dysfunction (DSI) symptoms are also common in those with SM.

The Selectively Mute are sensitive to stimulus in their environment. Sounds and light that would be fine for other students may be painful for someone with DSI. These students are often unable to filter sounds like background noises, making a mainstream classroom setting ... difficult for them. (Shipon-Blum, 2018)

Touch sensitivity must be taken into consideration by teachers who have a student with SM and DSI. Touch can feel different for someone with DSI. A pat on the back might be perceived like a slap to students with SM. Teachers that attempt to elicit responses by tapping a student's shoulder or hand can feel make a student with SM and DSI feel pain. DSI students' participation in physical activities need additional consideration, if they cannot voice their discomfort it would only intensify their anxiety. These kinds of issues must be discussed with a parent or guardian. (Perednik, 2016. 369)

Perfectionism can be a source of anxiety for students with SM because of the perceived effort required to produce perfect responses. This anxiety to perform, coupled with the fear of error, is another source of anxiety. Add the pressure of becoming bilingual and it is no wonder someone might be terrified to speak. (Perednik, 2016. 378)

Additional anxiety disorders can develop as a result of SM. Oppositional Disorder (OD) is often debated when it comes to the selectively mute. OD is a pattern of hostile or defiant behaviors. SM has many traits that frequently are diagnosed as oppositional traits. SM does not cause this disorder, but it can be considered comorbid. (Perednik, 2016. 369–425)

Bilingualism and the occurrence of SM can be common. It's important for language teachers to consider the underlying factors that may cause a student with SM not to speak. Students who have experienced geographical moves, experience culture shock because of cultural differences, and struggle with the structural differences between their L1 and L2 languages tend to have some degree of SM. It's important to note that ... SM in bilinguals typically does not have other disorders comorbid with their condition. (Perednik, 2016. 369) And selective mutism is not generally caused due to trauma. A traumatic experience ... (generally) ... render(s) someone completely mute, but not selectively mute. (Perednik, 2016. 369)

There are two courses of treatment for students with SM: medicated or non-medicated treatment plans. This research will focus on assisting with non-medicated and studied treatments and how (teachers) can assist. (Wong, 2010)

There are two schools of thought when treating SM without medication. The most common treatment plans attempt to eliminate stress from the student's life. The other methodology allows students to feel a controlled level of stress. (Wong, 2010)

Behavioral therapy is the most common method. It seeks to identify behavior or stimulus that reinforces SM and aims to help students with SM overcome anxiety through retraining SM enforcing behaviors. This includes modeling, shaping and promoting, and stimulus fading. (Wong, 2010) (Perednik, 2016. 722–726) (Bergman, Gonzalez, Piacentini, & Keller, 2013)

An example of modeling would be watching videos of others or the SM student (self-modeling) using the desired verbal response to a social situation. Teachers are often asked to assist in treatment by producing videos to be used in therapy.

Another technique used to help SM students overcome their anxiety is shaping. Shaping is a conditioning method that focuses on retraining behaviors over time. One shopping method that has proven effective is Slide-in. The Side-In technique created by Dr. Ann Johnson focuses on having parents and teachers work together. A parent will come to the school and sit in an empty room with the SM student over days or months until the student is comfortable talking with their parent at school. Next, the student's teacher will sit down the hall where the student is aware the teacher is there. The teacher will move closer to the room until the student is able to speak with the teacher, but the teacher is not visible. Finally, the student gradually starts speaking with the teacher face-to-face. (Johnson and Wintgens, 2017) Prompting is used to discover a motivator that can be used as a reward for the desired behavior. (Perednik, 2016, 748) (Bergman, Gonzalez, Piacentini, & Keller, 2013)

Stimulus fading is taking an anxiety triggering stimulation and integrating the stimulus into therapy over time. Examples of this include introducing a new person into a situation where the SM student is comfortable, such as a teacher being invited to the student's home over a period of time, until the student is once again comfortable. (Johnson and Wintgens,

2017)

These methods are intended follow the student's pace. Some students may experience results within a few months, while others might need years. It is important that therapy not be rushed Sliding in only works when the student has achieved a level comfort with trigger environment. (Johnson and Wintgens, 2017)

Dr. Annie Simpson has designed a variation on behavioral therapy. Dr. Simpson's methodology appears to contradict other methods of treatment as her methods are more forceful. Using Simpson's approach and working under the guidance of a trained therapist, the teacher allows the SM student to experience awkward silences. The teacher asks the SM student questions that require a verbal response. The student is given five seconds to answer. If there is no response, the question is rephrased using force choice questions. Force choice questions present the student with a several answers that forces the student to choose just one: *which color do you like better, pink or blue?* Simpson's method puts pressure on the student while attempting to stimulate a response. (Anxiety Canada, 2014)

Dr. Simpson stresses the importance of avoiding negative talk. Negative talk discourages teachers from engaging in critical or deprecating language in front of the SM student and their peers. Negative comments point out failure and increase unnecessary stress for the student. Moreover, such negative comments can cause a student to lose what little confidence they might have. This puts a large part of the burden of communication on the instructor. (Anxiety Canada, 2014)

It is not helpful for teachers to rescue or spare students with SM. Because SM is an anxiety disorder, it might seem easier to remove the causes of a student's anxiety, however, this can slow the student's healing process; there needs to be balance. If the instructor does not (elicit) ... responses from the student, then there is no added anxiety, but there is also no opportunity to improve. (Anxiety Canada, 2014)

It is also important that teachers cooperate with the treatment plan laid out by the student's therapist. If a teacher attempts to implement a different treatment plan at school than the style (the student) receive(s sic) at home (and in therapy), (this can cause conflict and it can) slow or hinder progress the student is making in therapy. (Perednik, 2016. 369) (Anxiety Canada, 2014) If the student is following a regulated stress inductive treatment, make sure to follow the guidelines as closely as possible. (Perednik, 2016. 301)

Teachers can assist in the SM student's therapy by communicating with the parents to discover when and where the student can and cannot communicate. Questions to consider are: What coping mechanisms does the student typically use? Does the student have a close friend at the school with whom they are conformable speaking with outside of school? How can the student's teacher best support the student? How do parents support their child? What would the parents like the teacher to do? Do the therapist and teacher need to establish and maintain communication? What kind of stimulus inspires the student to speak?

If a teacher has an SM student in their classroom, friends within the student's peer group can help as some SM students are able to relax and speak with friends, even at a whisper. A parent's presence can make the SM student feel relaxed enough to participate. If possible, allow the parent or several friends to stay in the classroom, as there might be a marked

improvement. (Perednik, 2016)

Reading SM students' reactions are an important tool for teachers. Giving small accolades to gauge responses in semi-private settings can give a teacher a stronger sense of how the student reacts. It's important for teachers to also consult with guardians and therapist regarding reward systems, so as to gain insight into more severe cases with SM. (Perednik, 2016, 1524) While praise is important for the SM student, the teacher should try to gauge the student's reaction to praise ... too much can cause the student embarrassment. (Wong, 2010). A student who enjoys praise will respond well to complements and attention. This kind of student might become animated and excited over the acknowledgment, whereas others react by withdrawing. Attention might cause the SM student to feel self-conscious and anxious.

Just as it is important for teachers to understand an SM student's reactions to praise, it is necessary to understand their anxiety and its causes or triggers. Triggers are stimulus that causes 'triggers' anxiety in the pupil. Triggers can range from issues with a student's physical health, i.e., feeling bad, stress, social pressures, overstimulation from DIS, and conflict or the potential for conflict. It's important for teachers to understand that it is their SM student that must overcome her or his SM related anxiety. An instructor should not feel they must eliminate potential triggering situations for their students. Students with SM ... need to work on overcoming their (own) anxiety. (Shipon-Blum, 2018)

Anxiety and fear go hand in hand, trying to understand what triggers SM in students can be a daunting task. Understanding the concept of anxiety be easier if thought of as a phobia. The student has a phobia of speaking. (Lunch, 2017) There are many factors that play a role in a child's development of SM, such as group size of the classroom, the unfamiliarity of the environment, or overstimulation.

Although some settings do not allow time before or after a class, if a teacher can give the SM student several minutes or more to come to class early and mentally prepare, it can be very beneficial for the student. At the start of a new year/term, teachers can meet SM students privately prior to class. SM students can be offered a tour of the classroom and school. All of these opportunities give the student a chance to become comfortable with the school setting without the added pressure of new routine and unfamiliar surroundings. Within the classroom, assigned seating is advisable. Allowing an SM student sit near or beside others they are conformable with is worth considering. (Lunch, 2017) (School Tips, 2016)

Within the classroom, structure plays an important role for students with disorders or disabilities. Creating a structured system helps to lower anxiety by removing anticipation. Teachers can keep a highly visible schedule on the board that is referred to while announcing transitions between activities. This prepares students for transitions, thus reducing anxiety.

During active learning sessions, teaching aids such as mnemonics have shown to ease the stress of acquiring target vocabulary. (School Tips, 2016) Some vocabulary can coupled with visual and tactile aids that students can use for sensory exploration. Sensory exploration while acquiring vocabulary helps students to build mental connections in the target language. (Perednik, 2016)

These kinds of aids can be placed strategically around a classroom. The cards can

be placed in order on the board to represent the days' schedule. The aid representing at upcoming test can be placed with the date the exam will be administered. This method is often used with younger students when the SM student is confident the aids can be set aside where the SM student can use them if needed to communicate any concern or questions. (School Tips, 2016)

Classroom Structure/Scheduling-Keeping a schedule is not always possible, making changes understood using gestures and removing activities from the board reduce the chance of confusion. Giving bathroom breaks are usually necessary with younger students, but allowing an SM student a chance of a restroom break can avoid (anxiety inducing) accidents. (Perednik, 2016, 530)

Gestures, lip movement, and pointing are common methods of communication for those who cannot use the language spoken in the classroom. (School Tips, 2016) Students with SM can use pointing and body language to communicate with their teacher and peers. However, some students with SM are not able to indicate their desires by pointing. Instructors should watch the student's body language for signs of confusion or discomfort. For students with SM, using sign language can be a useful tool.

Students can use small pocket-sized flashcards in class to communicate. A card with a question mark can be paired with a clock to ask about the current time. More advanced students can utilize portable whiteboards to write their questions. These strategies, while useful, need to be used in moderation. SM students still need to be given the opportunity to speak. (Johnson and Wintgens, 2017)

Furrowed brows and a slight bouncing of the knees can mean the student needs the restroom. (Perednik, 2016, 1230) Instructors can employ a few strategies in the class to handle this potentially embarrassing situation for students with SM. Teaching SM students the sign for 'Bathroom' is empowering because the SM student has a way to communicate. Teachers can also use visual prompts on notecards for SM students to use to indicate more complex desires. SM students can be given cards indicating situations that commonly occur, such as needing medical attention or retrieving a forgotten item in a locker or cubby. (Perednik, 2016, 2290)

Visual prompts activities are great. Using visual aids for SM students, like flashcards, can be helpful as well. An activity where 'what is this,' is asked to a communicative student be changed to "which is the --?" while holding up two cards. This giving a chance to participate while not having to speak. Always allow for extra time for the student to respond. Mouthing the response is an acceptable response. (Perednik, 2016, 25) (School Tips, 2016)

Pair work in language acquisition is common in most classrooms and should be intergraded in a classroom with students dealing with SM as well. Pair work can cause discomfort and anxiety. The instructor can minimize stress by choosing partners for the students or make sure that a select student will be paired with the SM student. As stated before, a close friend (of the SM student) is best for pair or group activities. (Perednik, 2016, 25) (School Tips, 2016)

In cases where the SM student is unable to speak in the classroom, parents and teachers can work as a supportive team. Parents can record the SM student at home practicing the

target language. This can be shared with the teacher. The teacher can then reward and encourage the SM student. The entire class can be asked to submit videos of speaking assignments, where only the instructor watches the results. This helps reduce anxiety for the SM student. However, if the SM student is comfortable with their video being played in class, then the class can watch each other's videos together.

Feedback from the parent is an asset for the instructor when evaluating the student. Seeing a child give a verbal response outside the classroom setting benefits the teacher. (Perednik, 2016. 25) It takes years for an SM student to make progress. However, there is hope; a student who is emotionally paralyzed may, with patience from teachers and peers, slowly become more involved in class. Mouth motions mimicking words and whispers are steps forward. (Anxiety Canada, 2014)

Selective Mutism varies from case to case, recognizing improvement can be difficult. Some teachers who make every effort to help with treatment and adjust classes to fit the students, may never hear the student's voice. A student who starts the year in the corner of the room, unable to move or participate at the beginning of the year, but can show emotion and point desires at the end of the year is improvement.

Conclusion

A silent SM student can be a welcome reprieve from the norm of boisterous noisy students, but because of an SM student's silence, these students can also be forgotten. A SM student is unable to voice their needs. They often feel left out, desperately wanting to participate. SM is an anxiety disorder and a student with SM has a clinical phobia of speaking in class. Teachers can support students with selective mutism by understanding SM studies triggers, communicating with parents, and therapists, and collaboratively developing strategies to encourage these students to have the courage to speak.

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